State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Department of Health Services Toxic Substances Control Division Sacramento, California and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 information in the shaded areas Waste Manifest is not required by Federal law. CAK 10001 0136 483 Generator's Name and Mailing Address A. State Manifest Document Numbe PARA PLATE 15910 SHOEMAKER AVE.., CERRITOS, CA. 90701 B. State Generator's ID Generator's Phone (213 404-3434 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID OMEGA RECOVERY SERVICES 042,245 001 D. Transporter's Phone 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone OMEGA RECOVERY SERVICES 10. US EPA ID Number G. State Facility's ID CADIO14/212/15/01011 12504 E. WHITTIER BLVD H. Facility's Phone WHITTIER, CA 90602 CAD 042 245,001 213 698-0991 12. Containers 13. Total Quantity 14. Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste No. Type No. Wt/Voi WASTE ORM-A N.O.S NA 1693 State 211 (WASTE FLEXOSOLVENT) F682 0 00910 EPA/Other State EPA/Other CENTER State EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above 0 C. d. NATIONAL 15. Special Handling Instructions and Additional Information PROFILE NUMBER A 15618 뿔 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. EMERGENCY OR

_	Printed / Typed Name	Signature	Month	Day	Year
,	Frank E. Hernandez	FAR E. Second	1061	115	90
	17. Transporter 1 Acknowledgement of Receipt of Materials	1			
	Printed/Types Name	Signature /	Month	Day	Year
	Robert J CIRIULEON	Ilaht armakun	061	1151	90
	18. Transporter 2 Acknowledgement of Receipt of Materials				
	Printed / Typed Name	Signature	Month	Day	Year
			ill		1 1
Ì	19. Discrepancy Indication Space				
		•			
	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				
	Printed/Typed Name	Signature 1 2	Month	Day	Year
_	FRANK FORD	Trank Sord	10161	15	90

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EPA 8700—22 (Rev. 9-88) Previous editions are obsolete. Do Not Write Below This Line

White TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To P.O. Box 3000, Socramento, CA 95812